

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Union Pacific Resources Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 1317, Wilmington, California 90748-1317</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>NWSW (1980' FSL and 660' FWL)</u></p> <p>14. PERMIT NO. <u>Approved 11/15/85</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM-62969</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>N/A</u></p> <p>7. UNIT AGREEMENT NAME <u>N/A</u></p> <p>8. FARM OR LEASE NAME <u>Federal 13-3</u></p> <p>9. WELL NO. <u>#1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Bisti - Lower Gallup</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 3-T24N-R10W</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>San Juan New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>6956' KB</u></p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

*NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Return subject well to production as follows:

1. Hooked up hot oiler and pumped hot water down tubing. Pulled tubing, rods and pump.
2. Run tubing with test packer. Set packer @ 5402' and tested backside to 1200 psi for 30 minutes.

Test witnessed and approved by BLM representative.
3. Pulled tubing and test packer. Reran tubing, rods and pump.
4. Return to production at 2:00 p.m. 11/17/87.

DEC 28 1987
DEC 28 1987
DEC 28 1987

18. I hereby certify that the foregoing is true and correct

SIGNED R. F. Wood TITLE Petroleum Engineer DATE 11/24/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE ACCEPTED FOR RECORD
DEC 07 1987
FARMINGTON RESOURCE AREA
BY KU

*See Instructions on Reverse Side
NMOCG OPERATOR